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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: SCOTT JOHNSON ET AL.

Filed: JUNE 12, 2001

For: SYSTEMS AND METHODS FOR MANAGING
DIFFERENTIATED SERVICE IN INFORMATION
MANAGEMENT ENVIRONMENTS

Serial No.: 09/879,811

Examiner: UNKNOWN

Atty Dkt: SURG:148

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4-18-02 Marty Berry
Date Name

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Technology Center 2100

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A copy of the original filing receipt is attached, with the requested change(s) indicated in red.

Because the error is not due to any error by Applicant(s), no fee is believed to be due in connection with the filing of this document. However, should any fee under 37 C.F.R. §§1.16 to 1.21 be deemed necessary for any reason relating to this document, the

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Assistant Commissioner for Patents and Trademarks
Page 2

commission is hereby authorized to deduct said fee from Deposit Account 10-1205/SURG:148.

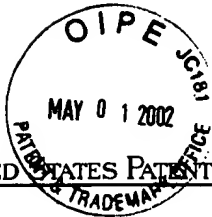
Please date stamp and return the enclosed postcard evidencing receipt of these materials.

Respectfully submitted,



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/879,811	06/12/2001	2171	1797	SURG:148	25	148	8

CONFIRMATION NO. 3704

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Date Mailed: 04/08/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

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Roger K. Richter, Leander, TX;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/797,200 03/01/2001
WHICH CLAIMS BENEFIT OF 60/246,401 11/07/2000
AND CLAIMS BENEFIT OF 60/187,211 03/03/2000
AND CLAIMS BENEFIT OF 60/285,211 04/20/2001
AND CLAIMS BENEFIT OF 60/291,073 05/15/2001

Foreign Applications

If Required, Foreign Filing License Granted 09/12/2001

Projected Publication Date: 07/18/2002

Non-Publication Request: No

Early Publication Request: No

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Title

Systems and methods for managing differentiated service in information management
~~environments~~

Preliminary Class

707

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Bib Data Sheet

CONFIRMATION NO. 3704

SERIAL NUMBER 09/879,811	FILING DATE 06/12/2001 RULE	CLASS 707	GROUP ART UNIT 2171	ATTORNEY DOCKET NO. SURG:148
APPLICANTS Scott C. Johnson, Round Rock, TX; Robert B. Fernander, Austin, TX; Neal D. Hartsell, Austin, TX; Gregory J. Jackson, Dripping Springs, TX; Chaoxin C. Qiu, Austin, TX; Roger K. Richter, Leander, TX;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/797,200 03/01/2001 WHICH CLAIMS BENEFIT OF 60/246,401 11/07/2000 AND CLAIMS BENEFIT OF 60/187,211 03/03/2000 AND CLAIMS BENEFIT OF 60/285,211 04/20/2001 AND CLAIMS BENEFIT OF 60/291,073 05/15/2001				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/12/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 25	TOTAL CLAIMS 148	INDEPENDENT CLAIMS 8
ADDRESS O'KEEFE, EGAN & PETERMAN, L.L.P. Building C, Suite 200 1101 Capital of Texas Highway South Austin, TX 78746				
TITLE Systems and methods for managing differentiated service in information management environments				
FILING FEE RECEIVED 1797	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____	